

Nicholas Adams 20110652
Name and Prisoner/Booking Number

Roberts Co Jail
Place of Confinement

11924 BIA 700 P.O. Box 937
Mailing Address

Sisseton S.D. 57262
City, State, Zip Code

FILED

MAY 30 2017


CLERK

**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
Northern DIVISION**

Nicholas Shane Adams,
(Full Name of Plaintiff)

Case No. CV 17-1013
(To be supplied by the Clerk)

Plaintiff,

vs.

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

Roberts County,
Jay Tasa,
Melessia Medberry,
(Full Name of Each Defendant)

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

Defendants.

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:
a. ☐ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
b. ☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).
c. ☐ Other: (Please specify.) _____

2. Name of Plaintiff: Nicholas Adams
Present mailing address: 11924 BIA 700 P.O. Box 937 Sisseton S.D. 57262
(Failure to notify the Court of any change of address may result in dismissal of this action.)

Institution/city where violation occurred: Roberts Co Jail Sisseton S.D.

3. Name of first Defendant: Roberts County The first Defendant is employed as:
Employer at Roberts Co Jail
(Position and Title) (Institution)

This Defendant is sued in his/her: ☒ individual capacity ☒ official capacity (check one or both)

Explain how this Defendant was acting under color of law: Is responsible for the safety and medical care of inmates

4. Name of second Defendant: Jay Tusa The second Defendant is employed as:
Sheriff at Roberts County Jail
(Position and Title) (Institution)

This Defendant is sued in his/her: ☐ individual capacity ☒ official capacity (check one or both)

Explain how this Defendant was acting under color of law: Is responsible to ensure safety and medical care inmates

5. Name of third Defendant: Melissa Medbery The third Defendant is employed as:
Jail Administrator at Roberts Co Jail
(Position and Title) (Institution)

This Defendant is sued in his/her: ☐ individual capacity ☒ official capacity (check one or both)

Explain how this Defendant was acting under color of law: Is responsible to ensure safety and medical procedures in place

6. Name of fourth Defendant: _____ The fourth Defendant is employed as:
_____ at _____
(Position and Title) (Institution)

This Defendant is sued in his/her: ☐ individual capacity ☐ official capacity (check one or both)

Explain how this Defendant was acting under color of law: _____

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If your answer is "yes," how many lawsuits have you filed? _____. Describe the previous lawsuits in the spaces provided below.
3. First prior lawsuit:
 - a. Parties to previous lawsuit:
Plaintiff: _____

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal right has been violated by the Defendant(s): _____

Roberts Co, Tony Tasa, Melissa Marlberry

2. Count I involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)

- ☒ Medical care ☐ Access to the court ☐ Mail
☐ Disciplinary proceedings ☐ Retaliation ☐ Exercise of religion ☐ Property
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

On May 15 at approx 12:30 am I went into a seizure. My roommate ~~called~~ pressed emergency call buttons numerous times. No answer. He (Gary Kild) had to resort to kicking the doors for a period of 5-10 mins. When staff came they were more concerned with Mr. Kild kicking doors. I did not receive any care by a medically trained person. They left me in room and I was back on top bunk. At approx 4:30 am I awoke Gary Kild again in a serious seizure. He had kicked doors again. The jailers finally came and called an ambulance. I should never been left in room after first seizure and not answering emergency call button. I have a history of seizures. I have not seen any medical staff from this jail since.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

If they would have had medical personnel see me I would not had second seizure. This was very traumatic to me and it is terrifying the lack of medical care here.

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
b. Did you submit a request for administrative relief on Count I? ☐ Yes ☐ No
c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☐ No
d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. The don't answer grievances

COUNT II

1. The following constitutional or other federal right has been violated by the Defendant(s): _____

Roberts Co, Jay Tasa, Melissa Medberry

2. Count II involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)

| | | |
|--|--|---|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

There is no medical personnel hardly ever here
There is really no way get medical care from
it without the help. Staff does not answer
emergency call buttons when pushed creating
a threat to my and other inmates safety
It is appalling lack medical staff or procedure
at this facility

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☐ Yes ☐ No
- Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☐ No
- If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. They don't answer grievances

D. REQUEST FOR RELIEF

State briefly what you want the Court to do for you.

I wish to sue for \$200,000 from each defendant as this was very traumatic and I still live in fear I in abn have another seizure and nobody answer call writers and I could die

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-25-17
DATE

Nick Adams
SIGNATURE OF PLAINTIFF

(Name and title or paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If needed, you may attach additional pages. The form, however, must be completely filled in to the extent applicable.